MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)   10/566410

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		3						54						
5		3						55						
6	1							56						
7		1						57						
8		1						58						
9		2						59						
10		2						60						
11		1						61						
12		1						62						
13		1						63						
14								64						
15								65						
16	1							66						
17								67						
18		1						68						
19		1						69						
20		4						70						
21		4						71						
22	1							72						
23								73						
24	1							74						
25		1						75						
26	1							76						
27		1						77						
28		0						78						
29		0						79						
30		0						80						
31		0						81						
32		0						82						
33	1							83						
34		0						84						
35		0						85						
36		0						86						
37		0						87						
38		0						88						
39		0						89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	10	↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP	41	←		←		←		TOTAL DEP		←		←		←
TOTAL CLAIMS	51							TOTAL CLAIMS						

PTO - 1360 (REV. 11/80)